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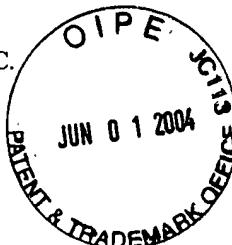
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7590 03/26/2004

Hal Milton
HOWARD & HOWARD ATTORNEYS, P.C.
The Pinehurst Office Center, Suite #101
39400 Woodward Avenue
Bloomfield Hills, MI 48304-5151



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Natalya DeVries	(Depositor's name)
<i>Natalya DeVries</i>	(Signature)
05/26/2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/998,659	11/29/2001	Thomas G. Xydis	65,116-036	7595

TITLE OF INVENTION: METHOD OF SECURING ACCESS TO A USER HAVING AN ENHANCED SECURITY PROXIMITY TOKEN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/28/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LAU, TUNG S	2863	702-127000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
1 <u>Howard & Howard</u> 2 _____ 3 _____	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ensure Technologies, Inc.

Ann Arbor, MI

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee
 Publication Fee
 Advance Order - # of Copies 10

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-2789 (enclose an extra copy of this form).

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(Authorized Signature) Howard & Howard (Date) 05/26/2004

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06/02/2004 LMONDIM2 00000072 09998659

01 FC:1501	1330.00	OP
02 FC:1504	300.00	OP
03 FC:8001	30.00	OP

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